
Released November 26, 2007

The NPI is here. The NPI is now. Are you using it?

Social Security Numbers (SSNs) Should Not Be Reported in FOIA-disclosable NPPES Fields

As CMS has mentioned in previous outreach messages and on the CMS NPI website, some health care providers have reported their Social Security Numbers (SSNs), or the SSNs of other health care providers, in their NPPES records in fields that the Freedom of Information Act (FOIA) requires that CMS make publicly available. For example, there are instances where SSNs are reported in the "Other Provider Identification Numbers," "License Number," and "Employer Identification Number (EIN)" fields in providers' NPPES records. The information that providers report in these (and certain other) fields is fully disclosable by CMS to the public and, therefore, **SSNs should never be reported in any of these fields.**

Because SSNs are 9-digit numbers, CMS has been suppressing all 9-digit numbers found in any FOIA-disclosable field except for ZIP code and telephone/fax number fields. This means that these 9-digit numbers—whether or not they are SSNs—are not displayed in the NPI Registry and cannot be found in the monthly NPPES downloadable file. If these 9-digit numbers are legitimate EINs, "Other Provider Identification Numbers," or "License Numbers," health plans and others who are using the NPI Registry and the downloadable file are not able to see them, which means that they cannot see all of the NPPES data they may need in order to accurately match providers in NPPES to the providers in their own files, thus making it more difficult to link NPIs to legacy identifiers. In some cases, this may adversely affect payments to providers by health plans.

It is imperative that providers immediately look at their NPPES records to ensure that they did not inadvertently report their, or someone else's, SSN in a FOIA-disclosable field; if they did, they need to delete that SSN immediately and, if appropriate, replace it with the correct information (e.g., an EIN). Providers must look in their NPPES records (<https://nppes.cms.hhs.gov/>) in order to view all of the information they reported. If they need assistance in deleting inappropriately reported SSNs, they may contact the NPI Enumerator at 1-800-465-3203. If they need assistance in knowing which NPPES fields are disclosable under FOIA, they should review the document entitled, "National Plan and Provider Enumeration System (NPPES) Data Elements Data Dissemination – Information for Providers," dated June 20, 2007, and found at http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPPES_FOIA_Data%20Elements_062007.pdf on the CMS NPI web page.

Providers cannot rely on the information disclosed in the NPI Registry or in the downloadable file in trying to determine if they inappropriately reported SSNs in FOIA-disclosable fields because CMS suppresses these numbers, as explained above; these numbers will not be seen in the NPI Registry or the downloadable file.

In order to protect your personal information from public disclosure, please correct this information immediately if this situation pertains to you.

When to Contact the NPI Enumerator for Assistance

The topics with which the NPI Enumerator can assist providers are listed below:

- Status of an NPI application, update, or deactivation
- How to apply, update, or deactivate
- Forgotten/lost NPI
- Lost NPI notification
- Trouble accessing NPPES
- Forgotten password/User ID
- Need to request a paper application

Health care providers needing assistance on any of the above topics may contact the NPI Enumerator at 1-800-465-3203, TTY 1-800-692-2326, or email the request to the NPI Enumerator at CustomerService@NPIenumerator.com.

The NPI application form, itself, is also a good source of information. Please refer to the NPI application instructions for clarification on information to be submitted in order to obtain an NPI or update an NPPES record. Refer to the 'Application Help' tab located on the NPPES website for additional assistance while online.

Important Information for Medicare Providers

As of 10/29/07 all Medicare contractors have lifted the bypass logic and are editing against the Medicare crosswalk. As a result, claims that include non-matching NPIs and legacy identifiers are now rejecting. The following table is a review of the next set of dates which are crucial for compliance with the NPI regulations.

Medicare's Key Dates

Date	Implementation Steps
January 1, 2008	<ul style="list-style-type: none"> - 837I electronic claims and UB-04 paper claims without an NPI in fields identifying the primary provider (billing and pay-to) will be rejected. - Legacy identifiers paired with NPIs in the primary provider fields on the claim will still be acceptable as will legacy-only numbers in secondary provider fields.
March 1, 2008	<ul style="list-style-type: none"> - Medicare FFS 837P and CMS-1500 claims must include an NPI in the primary fields on the claim (i.e., the billing, pay-to, and rendering fields). - You may continue to submit NPI/legacy pairs in these fields or submit only your NPI on the claim. You may not submit claims containing only a legacy identifier in the primary fields. - Failure to submit an NPI in the primary fields will result in your claim being rejected or returned as unprocessable. - Until further notice, you may continue to include legacy identifiers only for the provider secondary fields.
May 23, 2008	<ul style="list-style-type: none"> - In keeping with the Contingency Guidance issued on April 3, 2007, CMS will lift its NPI contingency plan, meaning that only the NPI will be accepted and sent on all HIPAA electronic transactions (837I, 837P, NCPDP, 276/277, 270/271 and 835), paper claims and SPR remittance advice. - This also includes all secondary provider fields on the 837P and 837I. The reporting of legacy identifiers will result in the rejection of the transaction. - CMS will also stop sending legacy identifiers on COB crossover claims at this time.

Be Sure to List Medicare Legacy Identifiers in the Appropriate Fields in NPPES!

It is important for Medicare providers to note that the Medicare crosswalk only uses numbers listed in the **Medicare fields within the “Other Provider Identification Numbers” section** of the NPPES application; this section has fields for Medicare UPIN, Medicare OSCAR/Certification, Medicare PIN and Medicare NSC as noted in the following sample of the section:

<u>Issuer</u>	<u>Number</u>	<u>State</u>	<u>Issuer (for Other Number Type only)</u>
Medicare UPIN			
Medicare Oscar/Certification			
Medicare PIN			
Medicare NSC			
Medicaid		State is required if Medicaid number is furnished	
Other, Specify:			

If claims are rejecting, providers should review their NPPES records (not their NPI Registry records), to confirm that Medicare legacy identifiers are reported in the appropriate fields of the “Other Provider Identification Numbers” section.

Correct Way to List a Railroad Retirement (RR) Number in NPPES

It has come to our attention that certain clearinghouses are incorrectly instructing Medicare providers who bill as part of the Railroad Retirement (RR) Board program to list their Medicare RR PIN in the “Other” section in the “Other Provider Identification Numbers” field of NPPES (see the diagram in the above paragraph to view a sample of this NPPES field). An RR PIN is a Medicare PIN, and, therefore, should be listed in the Medicare PIN section within this field of NPPES. RR providers should double check their NPPES records and update their information, if necessary. Because Medicare RR PINs are 9-digit numbers, they are temporarily being suppressed and will not be displayed in the NPI Registry or the downloadable file. Providers should review their NPPES records, not their NPI Registry records, to determine if corrections are needed.

What is meant by the Term “Billing Provider”?

The term “Billing Provider” means the provider that is identified in the following loops, field locators, or items in the 837I/UB-04 and the 837P/CMS-1500 claim formats, respectively. Although the name of this loop/segment is “Billing Provider”, the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop.

Institutional Claims

- 837I (electronic claim)
 - Billing Provider 2010AA
- UB-04 (paper claim)
 - Form Locator (FL) 01

Professional Claims

- 837P (electronic claim)
 - Billing Provider 2010AA
- CMS-1500 (paper claim)
 - Field 33

Test Your Claims Now!

Medicare also continues to urge providers to send a small batch of claims now with only the NPI. If the results are positive, begin increasing the number of claims in the batch.

If claims are rejecting, first go into the NPPES website located at <https://nppes.cms.hhs.gov/> and validate that your NPPES information is correct and that you reported your Medicare legacy identifier(s) in the appropriate Medicare sections of the "Other Provider Identification Numbers" field. Your Medicare legacy identifier(s) would be the number(s) that you used—prior to using the NPI—as the Billing/Pay-to and Rendering Providers. If the information in your NPPES record is correct and you reported your Medicare legacy identifier(s), print the screen (so you have a copy of your NPPES record on paper), call your contractor and ask they validate what is in their system.

Reminder: Medicare Is Issuing Informational Warnings to Those Who Are Not Submitting NPIs On Part B Claims

As stated in an earlier November NPI message, since October 15, 2007, Medicare physicians, non-physician practitioners and other providers and suppliers who bill carriers and Medicare Administrative Contractors (MACs) **using the ASC X12N 837P** receive informational warnings that indicate if there was no NPI shown in the primary provider fields in those claim(s). Medicare is including these informational warnings on your pre-pass reject reports provided to you directly or to your bulletin board.

The informational warnings consist of one or more of the following messages:

M389 2010AA NM108 Billing Provider Identification Code Qualifier Invalid value.

The edit sets when the 2010AA loop and NM1 are submitted but NM108 does not contain XX. If the claim contains a 2300 REF01 = P4 and REF02 = 31 (VA claim), the edit does not set.

M390 2010AB NM108 Pay To Provider Identification Code Qualifier Invalid value.

The edit sets when the 2010AB loop and NM1 are submitted but NM108 does not contain XX. If the claim contains a 2300 REF01 = P4 and REF02 = 31 (VA claim), the edit does not set.

M391 2310B NM108 Claim Level Rendering Provider Identification Code Qualifier Invalid value.

The edit sets when the 2310B loop and NM1 are submitted but NM108 does not contain XX. If the claim contains a 2300 REF01 = P4 and REF02 = 31 (VA claim), the edit does not set.

M392 2420A NM108 Detail Level Rendering Provider Identification Code Qualifier Invalid value.

The edit sets when the 2420A loop and NM1 are submitted but NM108 does not contain XX. If the claim contains a 2300 REF01 = P4 and REF02 = 31 (VA claim), the edit does not set.

Medicare informational warnings, called "Provider Identification Code Qualifier Invalid Value" messages, will be labeled M389, M390, M391, and/or M392, but, again, these are only reminders. If you receive one of these messages and you are certain that your claim was submitted with an NPI, you may wish to contact your clearinghouse or billing agent to ascertain the reason behind the message. It is possible that the clearinghouse or billing agent removed the NPI prior to submitting the claim to Medicare. You may also want to call your carrier/MAC to ask about the message and how you can correct future claims.

Many Medicare physicians, non-physician practitioners, and other providers and suppliers are not using NPIs in their Medicare claims, even in the primary provider fields (Billing/pay-to and Rendering). While, until March 1, 2008, you may continue to submit legacy identifiers in these fields, we strongly encourage you to begin using your NPI as well. You may use the NPI/PIN pair or the NPI-only to identify the Billing/pay-to and Rendering Providers. By doing so, you should have sufficient time to correct any problems that came about prior to the requirement to use only the NPI in claims.

Need More Information?

Not sure what an NPI is and how you can get it, share it and use it? As always, more information and education on the NPI can be found through the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at 1-800-465-3203. Having trouble viewing any of the URLs in this message? If so, try to cut and paste any URL in this message into your web browser to view the intended information.

Note: All current and past CMS NPI communications are available by clicking "CMS Communications" in the left column of the www.cms.hhs.gov/NationalProvIdentStand CMS webpage.

Getting an NPI is free - not having one can be costly.

Released 11/2/2007

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Requirement to Update Information in the National Plan and Provider Enumeration System (NPPES)

Health care providers who are covered entities under HIPAA are required by the National Provider Identifier (NPI) Final Rule to update their NPPES data. The Final Rule [at (162.410(a)(4))] states that covered health care providers must notify the NPPES of changes in their required NPPES data elements within 30 days of the changes. Failure to provide updated information may be considered an act of non-compliance with the NPI regulation, and a complaint may be filed against covered health care providers who do not comply with this provision, or any other provisions of the rule.

Most updates and changes can be made by health care providers over the web, using the User IDs and passwords they selected when they first applied for their NPIs. If they applied on paper, most health care providers can submit updates or changes over the web and can select User IDs and passwords at the time of the update. Certain changes or updates, however, must be made on paper (form CMS-10114), as they require the original signature of the health care provider or, for an organization health care provider, the signature of the Authorized Official. Such changes include:

- 1) Applications for NPIs, and all updates/changes, from individuals who do not have SSNs or who do not want to report their SSNs to NPPES;
- 2) All requests to deactivate NPIs;
- 3) All requests to reactivate NPIs;
- 4) All changes to incorrectly submitted SSNs;
- 5) All changes to incorrectly submitted dates of birth;
- 6) All changes to incorrectly submitted Employer Identifier Numbers (EINs);
- 7) All changes of EINs;
- 8) Password resetting changes due to changes to the Contact Person or Authorized Official.

When to Contact the NPI Enumerator for Assistance

Your health plans cannot assist you with NPI questions that should be directed to the NPI enumerator. However, the issues with which the NPI Enumerator can assist you are also limited to the following topics:

- Status of an NPI application, update, or deactivation
- Forgotten/lost NPI
- Lost NPI notification
- Trouble accessing NPPES
- Forgotten password/User ID
- Need to request a paper application

Health care providers needing this type of assistance may contact the NPI Enumerator at 1-800-465-3203, TTY 1-800-692-2326, or email the request to the NPI Enumerator at CustomerService@NPIenumerator.com.

The NPI application is also a good source of information. Please refer to the NPI application instructions for clarification on information to be submitted in order to obtain an NPI or update your record. You can also refer to the 'Application Help' tab located on the NPPES website for additional assistance while you are online.

Resources for other kinds of questions can be found at the end of this document.

Please Note: The NPI Enumerator's operation is closed on federal holidays

Important Information for Medicare Providers

Medicare Announces a New “Key” NPI Date

This is an important message for physicians, other practitioners, providers, and suppliers that bill Medicare carriers, A/B Medicare Administrative Contractors (MACs), and DME MACs Using an Electronic Claim Form (ASC X12 837P) or Paper Claim Form (CMS-1500)

The Centers for Medicare & Medicaid Services (CMS) is pleased to report that the vast majority of Medicare claims are being sent to Medicare with a National Provider Identifier (NPI). Moreover, the Medicare NPI crosswalk is successfully crosswalking NPIs to legacy numbers for most claims. Given these favorable results, we are taking the next step towards full implementation of the NPI in Medicare.

Effective March 1, 2008, your Medicare fee-for-service claims must include an NPI in the primary fields on the claim (i.e., the billing, pay-to, and rendering fields). You may continue to submit NPI/legacy pairs in these fields or submit only your NPI on the claim. You may not submit claims containing only a legacy identifier in the primary fields. Failure to submit an NPI in the primary fields will result in your claim being rejected or returned as unprocessable beginning March 1, 2008. Until further notice, you may continue to include legacy identifiers only for the secondary fields.

Medicare Informational Warnings to Those Who Are Not Submitting NPIs On Claims

Since October 15, 2007, Medicare physicians, non-physician practitioners and other providers and suppliers who bill carriers and Medicare Administrative Contractors (MACs) using the ASC X12 837P or CMS-1500 receive informational warnings that indicate there was no NPI shown in

the primary provider fields on your claim(s). Medicare is including these informational warnings on your pre-pass reject reports provided to you directly or to your bulletin board.

Many Medicare physicians, non-physician practitioners, and other providers and suppliers are not using NPIs in their Medicare claims, even in the primary provider fields (Billing/pay-to and Rendering). While, until March 1, you may continue to submit legacy identifiers in these fields, we strongly encourage you to begin using your NPI as well. You may use the NPI/PIN pair or the NPI-only to identify the Billing/pay-to and Rendering Providers.

Medicare informational warnings, called “Provider Identification Code Qualifier Invalid Value” messages, will be labeled M389, M390, M391, and/or M392, but, again, these are only reminders. If you receive one of these messages and you are certain that your claim was submitted with an NPI, you may wish to contact your clearinghouse or billing agent to ascertain the reason behind the message. It is possible that the clearinghouse or billing agent removed the NPI prior to submitting the claim to Medicare. You may also want to call your carrier/MAC to ask about the message and how you can correct future claims.

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M390 2010AB NM108 Pay To Provider Identification Code Qualifier Invalid value.

The edit sets when the 2010AB loop and NM1 are submitted but NM108 does not contain XX. If the claim contains a 2300 REF01 = P4 and REF02 = 31 (VA claim), the edit does not set.

M391 2310B NM108 Claim Level Rendering Provider Identification Code Qualifier Invalid value.

The edit sets when the 2310B loop and NM1 are submitted but NM108 does not contain XX. If the claim contains a 2300 REF01 = P4 and REF02 = 31 (VA claim), the edit does not set.

M392 2420A NM108 Detail Level Rendering Provider Identification Code Qualifier Invalid value.

The edit sets when the 2420A loop and NM1 are submitted but NM108 does not contain XX. If the claim contains a 2300 REF01 = P4 and REF02 = 31 (VA claim), the edit does not set.

Testing Claims With Only the NPI

If you already bill using the NPI/legacy pair in the primary fields and your claims are processing correctly, now is a good time to submit to your contractor a small number of claims containing only the NPI. This test will serve to assure your claims will successfully process when only the NPI alone is mandated on all claims. If the results are positive, begin increasing the number of claims in the batch. If your claims reject, first go into the NPES website located at <https://nppes.cms.hhs.gov/> and validate that your information is correct and that you reported your Medicare legacy identifier(s) in the Other Provider Identification Numbers section. Your Medicare legacy identifier(s) would be the number(s) that you used—prior to using the NPI—as the Billing/Pay-to and Rendering Providers. If the NPES information is correct and you reported your Medicare legacy identifier(s), call your contractor and ask that they validate what is in their system.

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